

Skin Allergy and its Causing Factors

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EDITORIAL NOTE

A skin allergy occurs when the immune system reacts to something that is normally harmless, causing the skin to become inflamed. An allergic reaction is what this is known as. Rashes, itching, burning, redness, pimples, hives, and swelling are all symptoms of an allergic reaction. A response can be triggered by a variety of allergies. skin illness that produces vesicles, pustules, and perhaps bullae around the nose and mouth. Bullae are enormous, fluid-filled blisters with a diameter of at least 5 mm. Nonbullous impetigo and bullous impetigo are two types of impetigo. Vesicles and pustules burst in nonbullous impetigo, resulting in encrusted sores. *Staphylococcal* infections are frequently made more harmful by specific compounds produced by particular strains. *Staphylococcal* virulence factors include staphylolysins, which are hemolysins that are cytotoxic to a variety of cells, including skin cells and white blood cells. Virulent *S. aureus* strains are coagulase-positive, which means they generate coagulase, a plasma-clotting protein. They may also generate leukocidins, which destroy white blood cells and contribute to the formation of pus, as well as Protein A, which inhibits phagocytosis by attaching to the constant region of antibodies and so inhibiting phagocytosis. Other toxins, such as toxic shock syndrome toxin-1, are produced by some virulent strains of *S.aureus*. Samples from the wound are cultured to determine the causal agent of a suspected *Staphylococcal* skin infection. Gram-positive bacteria may be seen under a microscope. The cellular arrangements of *Staphylococcus* species create grapelike clusters, and colonies grown on blood agar exhibit a distinctive colouring ranging from opaque white to

cream. To differentiate *Staphylococcus* from *Streptococcus*, a gram-positive cocci genus that is also a prevalent cause of skin infections, a catalase test is performed. Catalase-positive *Staphylococcus* species and catalase-negative *Streptococcus* species. Other tests are carried out on wound samples to identify Coagulase-Positive *Staphylococcus* (CoPS) like *S. aureus* from common coagulase-negative *Staphylococcus* (CoNS) such *S. epidermidis*. Despite the fact that CoNS are less likely than CoPS to cause illness in humans, When they enter the body through catheters, indwelling medical devices, and wounds, they can cause infections. CoPS and CoNS may be distinguished using passive agglutination testing. If the sample tests positive for coagulase, it's safe to assume it's *S. aureus*. To determine the specific strain of *S. aureus*, more genetic testing would be required. Cellulitis, erysipelas, and erythema nodosum are all common *Streptococcal* skin infections. Cellulitis is a reddish patch of skin that is warm to the touch and uncomfortable caused by an infection that develops in the dermis or hypodermis. *S. pyogenes* is the most common cause of cellulitis, which can enter the epidermis through a cut or abrasion. However, *Staphylococci* can also cause cellulitis. *Pseudomonas aeruginosa*, a gram-negative, oxidase-positive, aerobic Bacillus often found in water and soil as well as on human skin, is another significant skin pathogen is a frequent source of opportunistic wound and burn infections. In general, *Streptococcal* infections are best treated by identifying the individual pathogen and then treating it according to that bacteria's sensitivity to various antibiotics. Several immunological testing are available.

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